

Foster Family Home - Corrective Action Report

Provider ID: 1-512253

Home Name: Lilibeth Badua, CNA

Review ID: 1-512253-5

4318 Laakea Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 9/23/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 9/23/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

David Ayling RV
Compliance Manager

Lilibeth Badua
Primary Care Giver

9/23/19
Date

9-23-19
Date